FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	'	RGANIZA										
		(See instruction	ıs)					Offi	ce use onl	у		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: over the li	If typying, typ ines	e	12FI	E4M5	;				
8TH DISTRIC	T REPUBLICAN C	OMMITTEE (VA)								ш		
										ш		
ADDRESS (number and	228 S	S. Washington S	treet				1 1			ш	ш	
(Check if add	Sujte	e 115 		1 1 1 1		1 1	1 1					Ш
is changed)		andria				L YA	ا	Ш	2231	<b>4</b> _ [		
			CITY▲			STATE	•		ZIF	CODE	•	
COMMITTEE'S E-MA												
Kuavis@iluaie										Ш	Щ	
						ш	ш	ш		ш	ш	
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)										
								1 1				
								1 1			ш	
COMMITTEE'S FAX 7036840683	NUMBER	Ь										
2. DATE <b>0</b> 8	M / D D / Y	2006										
3. FEC IDENTIFICA	ATION NUMBER	(	C C00043	919								
4. IS THIS STATE	MENT X NEV	/ (N) OR		AMENDED (	A)							
I certify that I have exam	nined this Statement and	to the best of my know	vledge and beli	ief it is true, cor	rect and	comple	ete					
Type or Print Name of	f Treasurer	Ceith A. Davis										
Signature of Treasure	r Electronically File	d by Keith A. Da	avis			Date	м <b>О</b> :	<b>B</b> M /	<b>0</b> 1	/ Y	ž 0	0 6
NOTE: Submission of fa		nplete information may							of 2 U.S.0	 C. S437	g.	
Office Use Only			Fede Toll	further informeral Election Co Free 800-424-1	ommissio 9530				FEC (Revise	FOR ed 02/20		

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
	Candidate Office Party Affiliation Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		mocratic, publican,etc.) Party.					
(e) This committee is a separate segregated fund							
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
ı		<b>.</b>					
	Mailian Address						
	Mailing Address						
	CITY≜ STATE♠ Z	CIP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name	<u> </u>						
8TH DISTRICT REPUBLIC	CAN COMMITTEE (VA)						
<ol> <li>Custodian of Records: Ider possession of Committee b</li> </ol>	ntify by name, address, (phone numb books and records.	per optional), and position of th	e person in				
Full Name							
Mailing Address							
Title or Position ♥	CITY A	STATE▲	ZIP CODE A				
		Telephone number					
Full Name of Treasurer  Keith A.							
Mailing Address	228 S. Washington Str	on Street					
	Suite 115						
	Alexandria		22314				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number 703	5497705				
Full Name of Designated Agent							
Mailing Address							
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A				

Telephone number

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<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rer safety deposit boxes or maintains funds.</li> </ol>						
	Name of Bank, Deposit	tory, etc.				
	<b>!</b>	BB&T				
	Mailing Address	300 S. Washington Street				
		Alexandria VA 22314				
		CITY △ STATE △ ZIP C	ODE A			